



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE PUBLIC HEALTH COMMITTEE  
Thursday, March 11, 2004**

**SB 38, An Act Concerning The Governor's Budget Regarding Public Health Statutes**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony on **SB 38, An Act Concerning The Governor's Budget Regarding Public Health Statutes**.

CHA supports the intent of sections 5 and 6 of **SB 38, An Act Concerning The Governor's Budget Regarding Public Health Statutes**, which clarify that, if the state moves forward with implementing the Behavioral Health Partnership (BHP), the Department of Mental Health and Addiction Services (DMHAS) should be a member of the partnership. DMHAS' involvement with the Department of Social Services (DSS) and the Department of Children and Families (DCF) is essential to coordinating and improving the mental health system. Although CHA is supportive of DMHAS' central role in the Behavioral Health Partnership, CHA remains concerned about the potential negative impact of the BHP on patients and providers.

The Connecticut behavioral health system is in crisis. Connecticut hospital emergency departments are overwhelmed by patients who need inpatient mental health services for whom a bed cannot be found for days or even weeks. At the same time, patients who are ready for discharge wait in inpatient beds because there are no appropriate placements in the community. Such backlogs are detrimental to the entire healthcare system, but are devastating to the patients in need of care. It is imperative that we develop a system in which all patients seeking behavioral health services receive the right care in the right setting at the right time.

CHA supports the premise of the partnership that a coordinated system of care is better than a fragmented system. Presently, legislative and state agency leadership are meeting to determine what the BHP will look like from not only a budgetary perspective, but also from a clinical and administrative perspective as well. It is critical that the details of the BHP be finalized before the behavioral health budgets of the three state agencies are aligned or the delegation of clinical management from DSS to DMHAS and DCF occurs.

Implementation of the BHP must be done without reducing payments to mental health providers at any point in the continuum of mental health care. The reimbursement for mental health services is already inadequate and further reduction in payments will increase the number of patients who have the emergency department as their only source of care.

CHA believes that it is critical as the negotiations regarding the BHP continue that the decision making include hospitals and other health care providers who truly understand the potential impact of the BHP. On behalf of Connecticut's not-for-profit acute care hospitals, CHA looks forward to the opportunity to work with the Governor, the legislature and other providers in implementing solutions to the ongoing mental health crisis in Connecticut. In addition to our overall concerns regarding the BHP, CHA continues to have specific concerns related to implementation of new clinical management policies and procedures without prior notice to providers. Section 5(b) of the bill modifies a statute that currently permits DSS to make new policies and procedures immediately effective upon providers, as long as DSS publishes notice of its intention to enact regulations codifying the policies within twenty days after their implementation. Providers cannot and should not be expected to comply with new policies and procedures before they have received notice and opportunity to raise questions and concerns. CHA respectfully requests that the Committee revise section 5(b) to indicate that DSS cannot change its policies and procedures without reasonable prior notice to providers.

Thank you for your consideration of our position.

JJR:CCB:pas